

## REQUEST FOR APPROVAL OF TVS EDUCATIONAL PROGRAM

FOR DMV USE ONLY	
DATE RECEIVED	
AMOUNT PAID	RECEIPT NUMBER
CERT ISSUE DATE	CERT APPROVAL NUMBER
ISSUED BY	ASSIGNED DISTRICT

REQUEST FOR APPROVAL OF (CHECK ONE)

☐ Original Submission
 ☐ Resubmitting Original
 ☐ Course Change

### SECTION A — APPLICANT INFORMATION

NAME		CERT APPROVAL NUMBER (FOR CHANGES)	
STREET ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS		AREA CODE/TELEPHONE NUMBER (     )	
TVS SCHOOL NAME (IF APPLICABLE)		TVS OL LICENSE NUMBER (IF ANY)	

### SECTION B — PROGRAM INFORMATION

Submission requirements for TVS training may be found in the California Code of Regulations (CCR) in Title 13, Division 1, Chapter 1, Article 4.7, Section 345.31.

Please be sure that all items being submitted with this request are individually identified with your name, address, and telephone number. Please provide a list detailing all materials being submitted.

**NOTE:** A separate request is required for each type of program.

TYPE OF COURSE INSTRUCTION (CHECK ONE)

☐ Classroom
 ☐ Home Study
 ☐ Internet

☐ It is my intention to sell this program to other interested TVS schools, once approved.  
☐ It is **NOT** my intention to sell this program to other interested TVS schools, once approved.

### SECTION C — CERTIFICATION

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**I further certify that the course material submitted for approval is an original educational program which I have exclusively drawn together with the exception for any inserted copyrighted information and I have received written permission to use this protected material, which has been clearly identified in the course program and is credited to its source.**

SIGNATURE <b>X</b>	PRINTED NAME	DATE SIGNED
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### FOR OFFICIAL DMV USE ONLY

APPROVED BY	APPROVAL DATE	UNIT/EMPLOYEE ID	CERTIFICATION APPROVAL NUMBER
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